

**LIMITED LIABILITY COMPANY
STATEMENT OF CHANGE OF
REGISTERED AGENT AND/OR REGISTERED OFFICE**

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

Pursuant to the provisions of Wyoming's Limited Liability Company Act, the undersigned company, organized under the laws of the state of Wyoming, submits the following statement for the purpose of changing its registered office or its registered agent or both, in the state of Wyoming.

1. The name of the company is: _____
2. The address of its current registered office is: _____

3. If the address of the registered office has changed, the address of the new registered office is: _____

4. The name of its current registered agent is: _____
5. If the registered agent has changed, the name of the successor registered agent is: _____
6. The address of the registered office and the address of the business office of the registered agent, as changed, is identical.
7. This change was authorized by affirmative vote of the majority of the members of the limited liability company.

Date: _____

Signed: _____
Title: _____

Filing Fee: No Fee

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

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I, _____, voluntarily consent to serve as
the registered agent for _____
on the date shown below.

The registered agent certifies that he is: (check one)

- ☐ (a) *An individual who resides in this state and whose business of-
fice is identical with the registered office;*
- ☐ (b) *A domestic corporation or not-for-profit domestic corporation
whose business office is identical with the registered office; or*
- ☐ (c) *A foreign corporation or not-for-profit foreign corporation au-
thorized to transact business in this state whose business office
is identical with the registered office.*

Dated this _____ day of _____, _____.

Signature of Registered Agent